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**CONFIRMATION NO. 8565**

<b>SERIAL NUMBER</b> 10/825,493	<b>FILING OR 371(c) DATE</b> 04/15/2004  <b>RULE</b>	<b>CLASS</b> 156	<b>GROUP ART UNIT</b> 1734	<b>ATTORNEY DOCKET NO.</b> 1735.ALA100-FOR						
<b>APPLICANTS</b> Todd Fries, Waukesha, WI; William K. Lueschen, Cedarburg, WI;										
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/464,508 04/22/2003										
<b>** FOREIGN APPLICATIONS *****</b>										
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/25/2004</b>										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; padding: 2px;">           Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no            35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met            Verified and Acknowledged <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met         </td> <td style="width: 15%; padding: 2px;">           STATE OR COUNTRY            WI         </td> <td style="width: 15%; padding: 2px;">           SHEETS DRAWING            19         </td> <td style="width: 15%; padding: 2px;">           TOTAL CLAIMS            15         </td> <td style="width: 10%; padding: 2px;">           INDEPENDENT CLAIMS            6         </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met	STATE OR COUNTRY WI	SHEETS DRAWING 19	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 6	
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<b>ADDRESS</b> 26308										
<b>TITLE</b> Label applicator										
<b>FILING FEE RECEIVED</b> 1028	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:									
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